Quality Workgroup Subcommittee Meeting

February 1, 2008

Documents provided or reviewed: HCBS Risk Mitigation Plan, draft risk assessments, Negotiated risk policy from Vermont, Critical Incidents Policy, DD 006 Policy

 Attendees:

Teresa Larsen, ND P &A

Vicci Pederson- DHS Developmental Disabilities

Sue Foerster- Developmental Center

 Barb Murry, Executive Director, Pride Inc., NDACF

Jake Reuter, MFP Grant Program Manager

Sandy Marshal and Cindy H., Development Homes

Dawn Pearson, DHS, Developmental Disabilities

1. MFP QA requirements were reviewed related to critical incidents, 24 hour backup, and risk mitigation.
2. Draft risk assessment prepared by Vicci Pederson was reviewed
3. It was agree that long term a negotiated risk policy would be a very good addition to the planning process when needed but that it will need more research and discussion with a larger group over in the future.
4. Discussion about alternative ways to manage the risk mitigation assessment and plan development resulted in the following agreement for MFP particpantes:
   - A Risk assessment form needs to be comprehensive
   - It will be completed on all MFP participants prior to transition
   - A rating system will be developed and will reflect degrees of risk for each area identified as a current risk
   - Mitigation plans to address identified risk will be included in the consumer's plan and the assessment will be attached to the plan
   - The assessment and planning process will take place in context of the consumer's team including-Program Coordinator, Consumer/Family/Guardian, DD Case Manager, and team members from both the Current Provider (Developmental Center/Community ICF/MR team) and the future community provider.
   - The 24 hour backup plan will need to be constructed by the consumer's planning team as part of this same process-needs to be prepared for use by the 24 hour On Call Nursing Services.
   - Beyond the MFP requirements, the risk review, mitigation planning process is intended to facilitate communication between providers for the benefit of the consumer
   - Provider Incident reporting will be the methodology used to assess the success of mitigation planning or to identify new or changing risk/needs.
   - Atypical issues are addressed through the incident management process
   - The Risk planning process may identify consumers that are not able to transition to an alternative setting. These situation will need to be documented and tracked for MFP and system improvement

- Natural conflict exists between Right to take risks and risk mitigation
- Need to track aggregate data for Quality purposes

5. The critical incident management reporting requirements for DD provides (006) was discussed related to the 10 reporting incidents that have been outlined in MFP QA protocol. It was agreed that the incidents of Death, Missing Person, and Law Enforcement Contact would be required of DD provides under MFP and that DD-006 needs to be amended to address these three new areas. The Plan is to coordinate a meeting to amend this policy in the month of March and prior to MFP implementation.

Risk Issues Identification Worksheet

Name of Person:

_____

Name of Person Completing this form and affiliation:

_____   _____

Participants:

_____

Directions: *This form should be completed by the consumer, parent or legal decision maker if applicable; DD case manager, team members from the "sending" agency (community ICF/MR or Developmental Center) currently providing services and team members from the "receiving" agency (home and community based service provider) who will be providing future services under the MFP grant.   The form should be completed 60 days prior to the consumer's move to home and community based services and provided to the receiving Support Coordinator who is responsible to develop the individual person centered plan upon admission to services.*

Participants should identify all risk issues that are known or believe to apply to this consumer. Briefly describe why the issue currently presents a particular risk to this person or how the issue has presented significant risk in the past. Include a recommended strategy for managing the risk. A full analysis, decisions and plans if needed, will be made around each risk identified at the individual plan meeting held upon admission and reviewed at the 30 day person centered plan following admission to HCBS services. Participants in the 30 day person centered

plan will include DDCM, representatives from sending agency team and receiving agency team responsible for plan development and implementation.

Activities of Daily Living

- ☐ *Eating*

- ☐ *Ambulation*

- ☐ *Transfers*

- ☐ *Toileting*

- ☐ *Communication*

- ☐ *Bathing*

- ☐ *Community Access/transportation*

Behavior and Psychiatric

- ☐ *Self-abuse or excessive self-stimulatory behaviors*

- ☐ *Aggression or violence toward others*

- ☐ *Property destruction*

- ☐ *Use of restraint*

- ☐ *Psychotropic meds*

- ☐ *Criminal behavior*

- ☐ *Criminal justice involvement*

- ☐ *Sexual risks including sexually aggressive or dangerous behavior*

- ☐ *Excessive fascination with children or sexual abuse of children*

- ☐ *Predatory behavior*

- ☐ *Assault*

- ☐ *Stealing*

- ☐ *Making significant threats to the safety of others*

- ☐ *Elopement*

- ☐ *Suicidal ideation or attempt*

- ☐ *Poor compliance with treatments or supports*

- ☐ *Refusal of services*

- ☐ *Contacts with EMS or law enforcement (i.e., unnecessary calls to or create situations to cause others to call)*

- ☐ *Fascination with fire or history of fire setting*

- ☐ *History of poor decision making despite being well-informed*

- ☐ *Frequent job changes*

- ☐ *Substance abuse*

- ☐ *Social Isolation*

- ☐ *Compromised communication skills*

Medical and Physiological

- ☐ *Gastrointestinal*

- ☐ *Seizures*

- ☐ *Anticonvulsant meds*

- ☐ *Skin breakdown*

- ☐ *Bowel obstruction*

- ☐ *Nutritional*

- [ ] *Diabetes*

- [ ] *Cardio/Respiratory*

- [ ] *Orthopedic*

- [ ] *Sensory*

- [ ] *Multiple medical or psychiatric hospitalizations in a year or multiple visits to the emergency room (whether admitted or not).*

- [ ] *Taking three or more medications for a chronic medical condition, including a psychiatric diagnosis with reduced supports*

- [ ] *Poor follow through on post hospitalization discharge orders*

- [ ] *Significant changes in health or mental status*

- [ ] *Significant changes in sleeping or eating habits*

- [ ] *Unmet medical needs (i.e., appointments not scheduled, follow-up appointments missed)*

- [ ] *Information shared with medical personnel by support staff is inadequate (i.e., reason for referral).*

- [ ] *Poor compliance or non-compliance with medical regime*

- [ ] *Refusal of services*

- [ ] *Inability to tolerate a medical examination/ procedure*

- [ ] *Multiple falls/fractures*

- [ ] *Mobility impairment*

- [ ] *Significant weight loss or gain*

- [ ] *Swallowing disorders*

- [ ] *History of choking or aspiration*

- [ ] *Obesity*

- [ ] *Compromised communication skills (especially in relation to being able to indicate physical pain).*

- [ ] *Pica*

☐ *Lifestyle choices that negatively affect health (i.e., smoking, drinking when contraindicated by medications)*

Environmental

☐ *Unsanitary living conditions*

☐ *Home is in significant disrepair*

☐ *Necessary environmental modifications not completed*

☐ *Necessary equipment in disrepair, broken, or is lost*

☐ *Unmet equipment needs*

☐ *Equipment not being available for use*

Financial Risks

☐ *Loss of job*

☐ *Loss of benefits or significant reduction in benefits*

☐ *Indebtedness*

☐ *Loaning money to others*

☐ *Excessive gambling*

☐ *Financial exploitation*

☐ *Excessive housing costs*

Other *(May include situations, systemic issues, mental health issues or circumstances with caregivers, family, friends or others that create the potential for risk.)*

- ☐ *Loss of home*

- ☐ *Eviction*

- ☐ *Frequent moves for seemingly unjustified reasons*

- ☐ *Difficulties with relationship with landlord*

- ☐ *Dangerous or threatening neighbors*

- ☐ *Loss of caregiver or close family member*

- ☐ *Loss of someone significant*

- ☐ *Loss of natural supports*

- ☐ *Incapacitated caregiver*

- ☐ *Social isolation by caregiver*

- ☐ *Refusal of critical services (by the individual or the legal decision maker)*

- ☐ *Poor compliance with needed supports by staff*

- ☐ *Significantly compromised hygiene or appearance (especially if a change from the usual)*

- ☐ *History of abuse of neglect*

- ☐ *Pregnancy and parenthood*

- ☐ *Compromised communication skills*